

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

2021 Annual Report

SECRETARY OF STATE

RECEIVED
 JAN 31 2022

 Secretary of State
 Capitol Office

Name of Candidate Casey Eure

Address 11839 Sleeping Decr. Ln City/State/Zip Saucier, MS 39574

Telephone (Work) 228-297-2849 (Home) _____ (Fax) _____

Contact Name Casey Eure Email Address Ceure7@gmail.com

Office Sought House Dist. 116



Check here if above information is different from previous report

TYPE OF REPORT
☒ **Monday, January 31, 2022** (January 1, 2021 through December 31, 2021) **Annual Report**
☐ **Termination Report** (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation)

Required to terminate reporting obligations
IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2021 filing 2021 Periodic Reports and have not filed a Termination Report prior to December 31, 2021, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (3) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS

ACCUMULATED PRIOR TO JANUARY 1, 2018

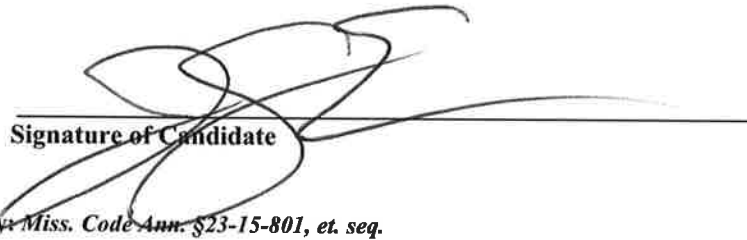
JAN. 1, 2021 CASH ON HAND BALANCE	\$ 37,795.52		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2021 CASH ON HAND BALANCE	\$ 37,795.52		

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2021 CASH ON HAND BALANCE	\$ 36,689.17		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 20,500.00	\$ 0	\$ 20,500.00
TOTAL AMT OF DISBURSEMENTS	\$ 6,054.12	\$ 3,769.93	\$ 9,824.05
DEC. 31, 2021 CASH ON HAND BALANCE	\$ 47,365.12		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.


Signature of Candidate

1-31-22
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee Casey Eure Campaign
 Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>New Palace Casino</u>		<u>8/9/21</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 309</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fitz Casino</u>		<u>8/9/21</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 327</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Robinsonville, MS 38664</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Islandview Casino</u>		<u>8/9/21</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 1600</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport MS 39502</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Premier Entertainment LLC</u>		<u>8/28/21</u>	\$ <u>500.00</u>
Mailing Address <u>1380 Warrenton Rd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Vicksburg, MS 39180</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Casey Eure Campaign
 Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hard Rock Casino</u>	<u>8/28/21</u>	\$ <u>1,000.00</u>
Mailing Address <u>777 Beach Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kent Nicoud</u>	<u>8/28/21</u>	\$ <u>1,000.00</u>
Mailing Address <u>849 E Scenic DR</u>	___/___/___	\$
City, State, Zip Code <u>Pass Christian, MS</u>	___/___/___	\$
Name of Employer (Required) <u>Memorial Hospital</u>	___/___/___	\$
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jonathan Jones</u>	<u>8/28/21</u>	\$ <u>500.00</u>
Mailing Address <u>605 Rue Maupesant</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Harrah's Casino</u>	___/___/___	\$
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Columbus Communities LLC</u>	<u>9/30/21</u>	\$ <u>5,000.00</u>
Mailing Address <u>12500 Village Ave East</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee

Casey Eure Campaign

Reporting period

1-1-21

through

12-31-21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Comcast		11/2/21	\$ 500.00
Mailing Address 1701 JFK Blvd		___/___/___	\$
City, State, Zip Code Philadelphia, PA 19103		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Cornerstone Gov. Affairs		11/5/21	\$ 500.00
Mailing Address 800 Maine Ave SW		___/___/___	\$
City, State, Zip Code Washington, DC 20024		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLC			
Full name Cascio Sanford Gov. Law Group		12/1/21	\$ 500.00
Mailing Address 825 N. President ST		___/___/___	\$
City, State, Zip Code Jackson, MS 39202		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Cascio Consulting LLC		12/1/21	\$ 500.00
Mailing Address 685 Hazelton DR		___/___/___	\$
City, State, Zip Code Madison, MS 39110		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Casey Eure Campaign
 Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/1/21	\$ 1,000. ⁰⁰
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000. ⁰⁰
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/1/21	\$ 1,000. ⁰⁰
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000. ⁰⁰
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/1/21	\$ 500. ⁰⁰
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500. ⁰⁰
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/1/21	\$ 250. ⁰⁰
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250. ⁰⁰

Name of Candidate or Committee

Casey Eure Campaign

Reporting period

1-1-21

through

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ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS Realtors PAC		12/1/21	\$ 1,000. ⁰⁰
Mailing Address PO Box 321000		___/___/___	\$
City, State, Zip Code Flowood MS 32100		___/___/___	\$
Name of Employer (Required) ✓		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000. ⁰⁰
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Penn National Gaming		12/9/21	\$ 750. ⁰⁰
Mailing Address 3980 Howard Hughes PKWY		___/___/___	\$
City, State, Zip Code Las Vegas, NV 89169		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 750. ⁰⁰
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Enpac MS		12/15/21	\$ 250. ⁰⁰
Mailing Address PO Box 1640		___/___/___	\$
City, State, Zip Code Jackson, MS 39215		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250. ⁰⁰
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name ATT		12/20/21	\$ 500. ⁰⁰
Mailing Address 111 E Capitol ST. STE 6030		___/___/___	\$
City, State, Zip Code Jackson, MS		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500. ⁰⁰

Name of Candidate or Committee

Casey Eure Campaign

Reporting period

1-1-21

through

12-31-21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Capitol Advocacy group PAC		12/20/21	\$ 1,000.00
Mailing Address PO Box 217		___/___/___	\$
City, State, Zip Code Jackson, MS 39205		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Lenders PAC		12/20/21	\$ 500.00
Mailing Address PO Box 24087		___/___/___	\$
City, State, Zip Code Jackson, MS 39225		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS Power PAC		12/31/21	\$ 250.00
Mailing Address PO Box 4079		___/___/___	\$
City, State, Zip Code Gulfport, MS 39502		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Draft Kings		4/31/21	\$ 1,000.00
Mailing Address 222 Berkeley ST		___/___/___	\$
City, State, Zip Code Boston, MA		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee

Casey Euse Campaign

Reporting period

1-1-21

through

12-31-21

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name	<u>Warrior Homerun Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>15625 Lamey Bridge Rd</u>	<u>12/30/21</u>	\$ <u>1250.00</u>
City, State, Zip Code	<u>Biloxi MS 39532</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Sign Sponsor</u>	Aggregate Year-to-date	\$ <u>1250.00</u>
B. Full name	<u>Gulf Coast Carnival Association</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>792 A Howard Ave</u>	<u>12/31/21</u>	\$ <u>475.00</u>
City, State, Zip Code	<u>Biloxi MS 39530</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Sponsor</u>	Aggregate Year-to-date	\$ <u>475.00</u>
C. Full name	<u>Lighthouse Academy for Dyslexia</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>610 Ward Ave</u>	<u>10/4/21</u>	\$ <u>281.00</u>
City, State, Zip Code	<u>Ocean Springs, MS 39564</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Sponsor</u>	Aggregate Year-to-date	\$ <u>281.00</u>
D. Full name	<u>ST Patrick Catholic High School</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>18300 ST Patrick Rd</u>	<u>9/10/21</u>	\$ <u>1800.00</u>
City, State, Zip Code	<u>Biloxi MS 39532</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Sign Sponsor</u>	Aggregate Year-to-date	\$ <u>1800.00</u>
E. Full name	<u>MS Federation of Republican Women</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 60</u>	<u>8/10/21</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>Jackson, MS 39205</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Sponsor</u>	Aggregate Year-to-date	\$ <u>250.00</u>
F. Full name	<u>Mary Mohoneys</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>110 Rue Magnolia</u>	<u>7/30/21</u>	\$ <u>649.92</u>
City, State, Zip Code	<u>Biloxi MS 39530</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Constituent Dinner</u>	Aggregate Year-to-date	\$ <u>649.92</u>

Name of Candidate or Committee Casey Eure Campaign
 Reporting period 1-1-21 through 12-31-21

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Friends to Elect Judge Randi Mueller</u>	<u>7/28/21</u>	\$ <u>250.00</u>
Mailing Address <u>1881 Courtney Ln</u>		
City, State, Zip Code <u>Biloxi, MS 39532</u>	<u>7/28/21</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Always & Forever Flowers</u>	<u>7/11/21</u>	\$ <u>96.30</u>
Mailing Address <u>10405 Seymour Ave</u>		
City, State, Zip Code <u>Biloxi, MS 39540</u>	<u>6/28/21</u>	\$ <u>189.40</u>
Purpose of Disbursement (Optional) <u>/</u>	Aggregate Year-to-date	\$ <u>285.70</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>GO Fund Me (MS Trooper)</u>	<u>6/18/21</u>	\$ <u>562.50</u>
Mailing Address <u>855 Jefferson Ave</u>		
City, State, Zip Code <u>Redwood city CA 94063</u>	<u>6/18/21</u>	\$
Purpose of Disbursement (Optional) <u>Fundraiser For Fallen Trooper</u>	Aggregate Year-to-date	\$ <u>562.50</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cotillion club of Gulfport</u>	<u>4/11/21</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 1600</u>		
City, State, Zip Code <u>Gulfport, MS</u>	<u>4/11/21</u>	\$
Purpose of Disbursement (Optional) <u>/</u>	Aggregate Year-to-date	\$ <u>250.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$